

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/623281**

FILING DATE  
**2/10/00**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		0					54						
5		0					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11	1						61						
12		1					62						
13		2					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20	1						70						
21		1					71						
22		2					72						
23		0					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28		0					78						
29	1						79						
30		0					80						
31		0					81						
32	1						82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	30						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						

BEST AVAILABLE COPY